

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/28/2012
FORM APPROVED
OMB NO. 0938-0391

45th 1/17/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2012
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NAME OF PROVIDER OR SUPPLIER

NORRIS HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
3382 ANDERSONVILLE HIGHWAY
ANDERSONVILLE, TN 37705

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure staff members are familiar with proper fire drill procedures.</p> <p>The findings include:</p> <p>Observation during the fire drill conducted on November 26, 2012 at 2:20 p.m. revealed the person discovering the fire was not familiar with the proper fire drill policies. The staff member asked another staff member for help, did not announce the code phrase for discovering the fire, and did not want to initiate the fire alarm by pulling the manual pull station.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on November 26, 2012.</p>	K 050	<p>K050</p> <p>The Maintenance Director to conduct an in-service to retrain staff on the proper procedures of a fire drill. The Maintenance Director will perform individual fire drills for all three shifts during the month of December 2012. Results of each fire drill will be presented to the administrator for review along with any recommendations for further action. These drills will then continue as one per shift per quarter accordingly, with all results and findings being reported and discussed at each monthly Quality Assurance Performance Improvement Committee meeting. Presentation of fire drills to the Quality Assurance Performance Improvement Committee will continue for the next full year and until the annual survey and indefinitely thereafter. Correction date of December 14, 2012.</p>	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating</p>	K 062		

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Michael Drakeville Wilkerson

TITLE

Administrator

(X6) DATE

12/17/12

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER NORRIS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	<p>Continued From page 1</p> <p>condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to have an approved heating device installed on the sprinkler system.</p> <p>The findings include:</p> <p>Observation on November 26, 2012 at 12:10 p.m. revealed that the outside low point drain for the sprinkler system had an unapproved heat tape installed onto the drain.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on November 26, 2012.</p>	K 062	<p>K062</p> <p>The Maintenance Supervisor to remove the unapproved heat tape from the outside low point drain for the sprinkler system. The Maintenance Director will do a survey of the remainder of the building for any like areas, correct, and report all findings to the Administrator. This survey will repeat monthly for the next three months and the findings and concerns will be reported to and discussed in the monthly Quality Assurance Performance Improvement meetings for each month and will continue for the next quarter. Correction date of December 14, 2012.</p>		

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